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# COMMUNICATIVE ASPECTS OF MEDICAL COMMUNICATION BETWEEN A DOCTOR AND A PATIENT

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**Abstract.** This article explains about communication another socio-cultural types like medical speech is also a speaker and listener in the presence of face to give and linguistically units with together gesture such as unscientific of means important structural part as participation with is characterized. However, communication this verbal and non-verbal tools doctor - patient attitude, colleagues communication, medicine in universities student and teacher, pharmacist and client in communication active application.

**Keywords:** communication, doctor, patient, medical, languages, competence.

#### Introduction

Communication another in the fields result of interlocutors material and intangible benefit to see or not seeing with if prescribed, medical of communication result health storage or loss with is measured. This is controversial the result medical activity and of communication deanthological norms and of bioethics paternalistic model priority by doing to be determined reason was.

This the norm and requirements according to the doctor the patient with to communicate enter since, his efficient to pass neither only responsible, perhaps is forced International and national level official in the documents set placed this responsibilities future specialists in memory of directly placing it won't be. For this education foundation for necessary has been conditions creation it is necessary in England such conditions certain level to the road placed even in our country this about research continue is doing That's it one in the circumstances medical our discourse each of the field network, situation and positions with depends without analysis do to them of the world the most advanced experiences to evaluate in comparison medical deanthology more improvement with together, English language industry in directions teaching for necessary has been materials reserve and analysis experiences formation enable creates. On such a scale reserves and both \_ the field improvement in order to take going of research efficiency in providing important importance occupation is enough Doctor-patient communication social agreement from relevance intended main the goal of participants from communication satisfaction harvest to do through is determined. Satisfaction conditions much complicated is LS Beilinson by recommendation done or "Calgary-Cambridge in the model note

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done discursive to situations strictly action to do such the result to the hand input for scarcity does Therefore, this situations from the classification intended term Ye.F. Tarasov status, subjective point of view look and communication situations special in positions mean caught pragmatic of goals performance is to provide.

Doctor-patient "medical" attitude to the episode "problem". about conversations analysis communication of participants social , professional and communicative competencies about knowledge communication situation, environment and instead of monad without used without, information of the interlocutor fast and easy to digest to do". reach for understand explanation method compliance to do that it is necessary shows.

Difficulties in interaction between doctor and patient are reflected in:

- in the distortion of perception (each person is characterized by selectivity of attention, which means a subconscious selection of exactly the information that is interesting to him, perception of information through his own evaluative criteria; information that does not cause either an intellectual or emotional response is not perceived by a person; at the same time all perceived information is distorted by a person, taking into account his psychological attitudes, emotional assessment and personal experience; thus, the patient involuntarily distorts the information received from the doctor, taking into account trust/distrust of the doctor, understanding/misunderstanding of what the doctor is talking about);
- in the absence of understanding and evaluation of information (in this situation, the doctor must be able to speak with the patient in his language and have the skill of receiving feedback from the patient);
- in competitive interaction between the doctor and the patient, up to confrontation (to prevent such a situation, it is always necessary to let the patient speak out, express his point of view, agree with his statement, but in the future take the initiative to make a decision into his own hands).

The professionalism of a doctor consists of three main components:

- Knowledge is a theoretical paradigm that determines what to do and why.
- Skill gives an idea of how to do it.
- Desire is motivation: I want to do it.

To develop professional skills, you need a combination of Knowledge, Skill and Desire.

For a doctor as a professional, such key points are important as correct diagnosis, prescribing adequate treatment and obtaining a certain result, as well as the presence of clinical thinking (allows the doctor to build a collaborative relationship with the patient).

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Success in medical practice is also determined by the following psychological characteristics:

- I. High level of communicative competence:
- Affiliation is a person's need to be in the company of other people, a lively, interested attitude towards patients, the desire to help them, protection from professional deformation.
  - Emotional stability control over emotional reactions.
  - Empathy is psychological "involvement" in the world of the patient's experiences.
  - Sensitivity to rejection the ability to perceive the negative attitude of others.
  - II. Independence and autonomy, combined with self-confidence.
  - III. Flexibility and plasticity of behavior in changing non-standard professional situations.
  - IV. High degree of resistance to stress, information and emotional overload.

In addition, communicative competence is important, which implies the presence of certain psychological knowledge (for example, about personality types, about the ways of experiencing and responding to stress in different people depending on the type of temperament, about the specifics of the connection between body types and the characteristics of a person's mental make-up, etc. .). In other words, this is the formation of special skills: the ability to establish contact, listen, "read" the non-verbal language of communication, build a conversation, formulate questions; the doctor's mastery of his own emotions, the ability to remain confident, control his reactions and behavior in general, correctly understand the patient and respond appropriately to his behavior; communicative tolerance and the ability not only to psychologically correctly build relationships with the patient, but also the ability to remain within the professional role during these relationships.

Medical of communication another from fields distinguishable main from the signs one, his health storage responsibility with depending on manifestation will be This responsibility medicine of employees institutional and intercontextual natural communicative competencies deanthological in the norms politeness priority criterion by doing determination through to the eye thrown away Other in the fields this the norm of society common done and education in the process promote, recommend to be done communication of culture criterion as manifestation if so, medical in communication this category of doctors responsibility and obligation is considered I. Jumaev this responsibility and commitment medical manners and the essence of culture organize to do confession reached without, his historical roots from Alisher Navoi the following example as says: "The doctor is himself of science skillful scholar be, to patients compassion with treatment to do, to the original science of medicine nature agreement, sages to the word compliance to them follower, gentle, patient his heart uplifting, caring, cheerful to be need. If

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the doctor owns to the profession skillful however, he himself wicked, careless, rude if, how much the patient treatment it does not matter if you do his in the client change appear cannot".

#### **Conclusion**

Communication social agreement relevance special such the result to the hand in input of doctors professional and communicative potential with together, of the people medical literacy and culture also separate to cultivation attention to give it is necessary.

Thus, a high level of communicative competence of a doctor makes it possible to make a more accurate diagnosis, especially if it concerns the patient's psychological problems, teach the patient to control his condition and ensure better treatment results.

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